

PART B -FEE(S) TRANSMITTAL

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Barbara A. Shimei
Director, Patents & Licensing
Bayer HealthCare LLC – Pharmaceuticals
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(Depositor's name)
(Signature)
January 6, 2009 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/537,623	December 14, 2005	Michael Harter	LeA 36436 [81768(303989)]	8386

TITLE OF INVENTION: ISOPHTHALIC ACID DERIVATIVES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
Patent	no	\$1,510.00	\$300.00	\$1,810.00	January 6, 2009

EXAMINER	ART UNIT	CLASS-SUBCLASS
S. Katakam	1621	562-450000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached.

Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

- | | |
|---|-----------------------------------|
| 1 | Edwards Angell Palmer & Dodge LLP |
| 2 | Barry Kramer |
| 3 | Ralph Loren |

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

BAYER HEALTHCARE AG

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

LEVERKUSEN, GERMANY

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
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☐ Advance Order -# of Copies _____

4b. Payment of Fee(s):

- ☐ A check in the amount of the fee(s) is enclosed.
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☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 04-1105.

5. **Change in Entity Status** (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

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Authorized Signature _____/Gabriel J. McCool/

Date January 6, 2009

Typed or printed name Gabriel J. McCool

Registration No. 58,423

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I hereby certify that this correspondence is being transmitted via the Office electronic filing system in accordance with 37 CFR 1.6(a)(4):

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on January 6, 2009
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Gabriel J. McCool

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58,423

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(203) 353-6875

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Issue Fee Transmittal (1 page)